

Fee amount \$ _____

**Adoption Application
Richland Area Rescue, Inc.**

Name _____

Address _____

City _____ State _____

Zip Code _____ Home Phone _____

Today's Date _____

Name and Description of animal _____

Please answer **ALL** of the following questions. The Richland Area Rescue reserves the right to reject any application that is submitted

Either fill in the blank spaces or circle the appropriate answer to each question.

1. Do you **Own** or **Rent** ?
2. If you rent, does the landlord allow pets? **Yes No**
3. Name of Landlord _____ Phone _____
4. Are all the people in your household aware that you are getting a pet? **Yes No**
5. Is the animal you are going to get, going to be a gift for anyone? **Yes No**
6. Is there anyone in your house allergic to animals? **Yes No**
7. Which veterinary clinic are you planning on using? _____
Phone Number _____
8. Will this animal be kept outside? **Yes No**
9. If it is to be outside, do you have shelter for it? **Yes No**
10. Are you aware of the proper nutrition for this animal? **Yes No**
11. Are you aware of the vaccinations and licenses required by law? **Yes No**
12. Have you ever had pets before? **Yes No**

I have been informed of the necessary requirements regarding veterinary care, vaccinations, neuter/spay, licensing, food, water and shelter. The Richland Area Rescue has my permission to check any of these answers that I have provided and I am aware that any false information provided will result in the immediate rejection of this application.

If the animal has not been altered, I agree to have him/her spayed/neutered with in 30 days or by 6 months of age. I also will send proof of such alteration to: Judy Elliott, 30083 County Highway O, Richland Center, WI 53581. 608-647-8697. If said alteration is not performed, Richland Area Rescue has the right to reclaim this animal.

Animal is: Spayed/Neutered _____, Rabies _____, Shots _____

Signed _____ Date _____